

PLEASE call this office prior to mailing in the form and fees in order to verify that a GED Diploma is on file. This will assist in processing your request. Thank you.

RELEASE FORM

RETURN TO:

*Iowa Department of Education
Attn: GED Records Specialist
Bureau of Community Colleges
Grimes State Office Building
Des Moines, IA 50319-0146*

*515-281-7308 Phone
515-281-6544 Fax*

**PERMISSION TO RELEASE GENERAL EDUCATIONAL DEVELOPMENT (GED)
TEST SCORE TRANSCRIPT**

I hereby give permission for my GED transcript to be released to the following individual or agency.

First copy - \$5.00 * Each consecutive copy - \$3.00**
It must be a money order payable to the Iowa Department of Education

Instructions: Please complete this section in order to locate your record.

***Name on Diploma -Lastname, Firstname, Middle**

Date Diploma Issued - mm/dd/yy

Diploma #

***Social Security Number - 000-00-0000**

***Date of Birth - mm/dd/yy**

***Street**

***City**

***State**

***Zip Code**

.....
Instructions: Complete this section to include the information to whom the transcript should be sent by the Iowa Department of Education. (i.e., requester, employer, institution of higher education, military).

***Name**

Contact Person's Phone # (if needed)

***Street Address**

***Additional Address Information**

Contact Person's Fax # (if needed)

***State**

***Zip Code**

Thank you for your assistance in this matter.

*** Authorized Signature**

Today's Date

Applicant's Phone #

*** Required Fields**